U.S. Department of Labor Office of Labor-Management Standards Weshington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penelties as provided by 29 U.S.C 439 or 440.

For Office Only	
E (JL15286)	
CHS DEDA	

Name TIM

3. Name and address of person filing.

P.O. Box, Bidg., Room No., if any

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/04 Through: 12/31/04

Name IUPAT DISTRICT COUNCIL 78

Labor Organization File Number 2000 5 40 -826

4. Name, file number, and address of labor organization.

P.O. Box, Building and Room Number, if any

Street	10943 SE	TEQUESTA TER	street 2153 W.	OAK RIDGE RD	
City	TEQUESTA		CHY ORLAND)	
State	FL	ZIP Code+4 33469	State FL	ZIP Code+4 32809 3881	
5. Positi	5. Position in labor organization. UNION TRUSTEE				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employee whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, if any:		N/A			
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P.O. B	ox, Bldg., Room No., if any	,	7.b. Amount.		
Street			, p. panoun.		
City					
State		ZIP Code + 4			
Signature					
subm	itled in this report (including		nying documents), has been exam	enalties of the law, that all of the information mined by the signatory and is, to the best of the tions.)	
Sign	TO DI	Total a	On 7/11/05	954 946 9310 Telephone Number	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bidg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name IUPAT DC 78 JOINT APPRENTICE TRAINING Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 2153 W. OAK RIDGE RD 11.b. Approximate dollar value of such dealing. Ø CILY ORLANDO 12.a. Nature of interest held or income received. State FL ZIP Code + 4 32509 - 388) Ø 12.b. Amount,

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or La (including trade name, if any).	bor Relations Consultant	·-	14.a. Nature of payment.	
Name				
Trade Name, if any:			N/A	
P.O. Box, Bidg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. is the Business an Employer	or Consultant ?		14.b. Amount of payment.	